STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
PO Box 47990 • Olympia, Washington 98504-7990

January 10, 2006

The Honorable Karen Keiser
Senate Health & Long-Term Care Committee Chair
Washington State Senate
338 John A. Cherberg Building
Post Office Box 40433
Olympia, Washington 98504-0433

Dear Senator Keiser:

I am writing as chair of the Washington State Board of Health to support the concept of Senate Bill 6183. This bill, which is scheduled to be heard before your committee tomorrow, relates to hepatitis C. The Board recognizes the immensity of the hepatitis C epidemic in terms of prevalence, morbidity, and mortality, and it therefore supports efforts to improve surveillance and public education.

I do, however, have some concerns with section 2 of the bill and recommend it be eliminated or amended. Because the Board is meeting the day of the hearing, no one will be available to testify, but Board staff will be happy to work with the sponsor and committee staff on any future changes.

Washington State already mandates reporting of hepatitis C. Last year, in response to recommendations of the 2004 Washington State Hepatitis C Strategic Plan, the Board changed its notifiable condition rule to make temporary hepatitis C reporting requirements permanent, and to expand them to cover laboratories as well as providers and health care facilities. This change should improve our understanding of this epidemic. The state also has an existing hepatitis C registry. Surveillance reports flow through local health jurisdictions to the state Department of Health (DOH). The case report form solicits a variety of information, including name, test date, test result, address, contact information, and known risk factors.

Section 2 has the admirable intent of making sure we have solid data so we can better understand the epidemiology of this disease, but it is not clear what additional information would be required. There are two ways to make an existing disease registry more robust: (1) require the reporting of additional types of data and (2) engage in active surveillance to ensure better reporting and to follow up on incomplete reports. I believe the state's first priority should be to ensure complete and accurate reporting of the kinds of information that is already solicited. Limitations on the quality of existing data stem from severe staffing and resource constraints. DOH activities related to hepatitis C are funded by a shrinking federal grant, and those funds cannot be used for core surveillance activities. Current state law prohibits the use of state funds to implement the 2004 hepatitis plan. And the ongoing lack of secure and stable funding at the local level for essential public health activities, including disease surveillance, is currently being studied by the Joint Select Committee on Public Health Financing.

Section 2 would grant rule making authority to DOH. This would seem to duplicate existing authority over communicable disease reporting, which now resides with the Board. It would also require reporting directly to DOH, bypassing local health jurisdictions, which are where most disease control efforts originate. Creating a hepatitis C reporting system separate from the existing reporting system could be detrimental to disease control efforts and would be an inefficient use of state resources.

If the intent of this bill is to greatly expand the type of data currently collected, then the legislation should provide clearer direction. If gathering that expanded set of information would mean compelling laboratories, health care facilities, and providers to collect data they do not already collect or to prepare extensive reports, then a more specific legislative mandate would be helpful. If, however, the goal is to ensure better reporting of data that is already being solicited, or to mandate collection of a few more kinds of readily available data (results of genotype testing, for example), then the key to success will be adequate funding of existing state and local surveillance programs. New program mandates and new rule making authority are not necessary and could be counterproductive.

I would like to close by noting that my comments relate only to the merits of proposal from a policy perspective, not from a fiscal perspective. A greatly enhanced hepatitis C surveillance program and an effective public education campaign will be expensive, and neither is in the Governor's budget. I recognize that the Legislature, in consultation with the Governor, will have to make difficult choices in determining the best use for limited state funds.

Thank you for your interest in this important public health issue.

Sincerely,

Kim Marie Thorburn, MD, MPH
Chair, Washington State Board of Health

cc: The Honorable Jim Kastama
Senate Health & Long-Term Care Committee Members
Washington State Board of Health Members
Ms. Christina Hulet, Governor's Executive Policy Office
Mr. Brian Peyton, Department of Health
Mr. Craig McLaughlin, Washington State Board of Health